MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1585

CERTIFICATE OF DEATH

Reg. Dist. No. 195

1. PLACE OF DEATH: Savage.
COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage
LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 66 Washington St

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage
STREET ADDRESS (If rural, give location) 66 Washington ST

3. NAME OF DECEASED: (Type or Print) (First) EMILIE (Middle) CAROLINE (Last) BERRY

4. DATE OF DEATH: (Month) 10/19 (Day) Sunday (Year) 1952

5. SEX: Female
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widow
8. DATE OF BIRTH: Aug 18-1859
9. AGE last birthday: 93 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeping
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Edward Pochnert
14. MOTHER'S MAIDEN NAME: Doris Pfeiffer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT & ADDRESS: Mrs. Fred Meeker - 66 Washington Savage Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 422.1

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerotic Cardio -	
DUE TO		
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	(b) Vascular Disease Failure	2 yrs
DUE TO		
	(c) Generalized Arteriosclerosis	20 yrs

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/7, 1951, to 10/19, 1952, that I last saw the deceased alive on 10/18, 1952, and that death occurred at 8:50 p.m., from the causes and on the date stated above.

SIGNATURE J M Warren (DEGREE OR TITLE) ADDRESS Laurel DATE SIGNED 10/19/52

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF Oct 22-52
NAME OF CEMETERY OR CREMATORY Meadow Ridge
LOCATION (City, town, or county) Dorsey Md (State)
DATE REC'D BY LOCAL REG. 10/22/52
REGISTRAR'S SIGNATURE Frank Shipley
24. FUNERAL DIRECTOR Dewitt Donaldson ADDRESS Laurel Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15 8-51

RECEIVED
OCT 27 1952
BUREAU V. S.

Item 18 Film G148 11-7-52 ams

11586

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 198

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cooksville
LENGTH OF STAY (In this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cooksville
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Sophenia (Middle) Louise (Last) Berry

4. DATE OF DEATH (Month) October (Day) 16 (Year) 1952

5. SEX F.
6. COLOR OR RACE Col.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH March 22, 1952
9. AGE last birthday 0 yrs. If under 1 year Months 6 Days 22 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dependent
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Olney, Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Leroy Dorsey Berry
14. MOTHER'S MAIDEN NAME Claudine G. Dixon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Claudine Berry - Cooksville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Toxemia	8 hours
544.2 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) acute intestinal indigestion	3 days
	(c) (Unable to state etiology in this case)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1952 to Oct. 16, 1952, that I last saw the deceased alive on Oct 16, 1952, and that death occurred at 9 15/8 m., from the causes and on the date stated above.

SIGNATURE Charles S. Whitaker, M.D. (Degree or title) ADDRESS Clarksville, Md. DATE SIGNED Oct 18, 1952

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 19, 1952
NAME OF CEMETERY OR CREMATORY Bushy Park
LOCATION (City, town, or county) (State) Cooksville, Md.

DATE REC'D BY LOCAL REG. Oct. 18, 1952
REGISTRAR'S SIGNATURE E. Pearl Mercier
24. FUNERAL DIRECTOR Wm & Haight - Sykesville, Md. ADDRESS Luther H. Haight

2032264404

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 30 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

11587

Reg. Dist. No. 194

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenwood
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenwood
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) LAVENIA (Middle) WARFIELD (Last) CLARK

4. DATE OF DEATH (Month) October (Day) 18 (Year) 1952

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 5-12-1880
9. AGE last birthday 72 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Howard Co. Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Thomas O. Warfield
14. MOTHER'S MAIDEN NAME Laura Dorsey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Howard Clark, Glenwood, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
4200 Immediate cause	(a) acute heart failure	15 mins
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) arteriosclerotic heart disease c̄ myocardial insufficiency	15 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF ~~INJURY~~ DEATH (Month) (Day) (Year) (Hour) Oct 18, '52 3 00 A m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Charles S. Whitaker, R. D. (Degree or title) ADDRESS DATE SIGNED
Acting Deputy Medical Examiner for Howard County Clarksville, Md 10-18-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10-20-52
NAME OF CEMETERY OR CREMATORY Oak Grove
LOCATION (City, town, or county) (State) Glenwood, Md.

DATE REC'D BY LOCAL REG. Oct 20 1952
REGISTRAR'S SIGNATURE Marie A. Whitaker
24. FUNERAL DIRECTOR F.C. Higinbothom, Ellicott City, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 24 19
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11588

CERTIFICATE OF DEATH

Reg. Dist. No. 198

1. PLACE OF DEATH:
COUNTY Howard MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkridge Md
LENGTH OF STAY (in this place) 45 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS 1810 St Augustine ave

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md COUNTY
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Elkridge
STREET ADDRESS (If rural give location) 1810 St Augustine Ave

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) M (Last) Cooney

4. DATE OF DEATH: (Month) 10 (Day) 20 (Year) 1952

5. SEX: female
6. COLOR OR RACE: white
7. ~~SINGLE, MARRIED, WIDOWED, DIVORCED~~ (Specify): married
8. DATE OF BIRTH: Jan 17 1879
9. AGE last birthday: 73 yrs. IF UNDER 1 YEAR Months — Days IF UNDER 24 HRS. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): house work
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Woodstock Howard Co
12. CITIZEN OF WHAT COUNTRY? Ind

13. FATHER'S NAME: Michael Feeney
14. MOTHER'S MAIDEN NAME: Nora Naughton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) — (If Yes, give war or dates of service) —
16. SOCIAL SECURITY No.: —
17. INFORMANT & ADDRESS: Mr William H. Cooney Elkridge Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

420.1

Immediate cause (a) Acute coronary occlusion — 1 day

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Chr myocarditis — 3 yrs
DUE TO (c) General arteriosclerosis — 3 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — 5 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1949 to Oct 20 1952, that I last saw the deceased alive on Oct 20 1952, and that death occurred at 4 P.M., from the causes and on the date stated above.
SIGNATURE (Degree or title) Dr B B Brumbaugh ADDRESS 5609 Main St Elkridge 27 Md DATE SIGNED 10/20/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF 10/23/52
NAME OF CEMETERY OR CREMATORY St Augustine Cem
LOCATION (City, town, or county) Elkridge, Md (State)
DATE REC'D BY LOCAL REGISTRAR 10/21/52
REGISTRAR'S SIGNATURE A. W. Hedrick
24. FUNERAL DIRECTOR John J Cowan Son ADDRESS 901 Hollins St Baltimore 23 Md

VS. A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Copy to Baptist MD

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

11589

Reg. Dist. No. 195

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Howard; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Savage Rural Md; LENGTH OF STAY (In this place) passing; HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Route #1 13/4 miles South of Waterloo Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Georgia; COUNTY Berrien; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ray City; STREET ADDRESS (If rural, give location) P.O. Box #592

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) V. (Last) CROY

4. DATE OF DEATH: (Month) 10 (Day) 19 (Year) 19 52

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)

8. DATE OF BIRTH: Sept. 29, 1928

9. AGE last birthday: 24 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CORPORAL U.S. ARMY

10b. KIND OF BUSINESS OR INDUSTRY: U.S. ARMY

11. BIRTHPLACE (State or foreign country): Georgia

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William Ebb Croy

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) 1948-1952

16. SOCIAL SECURITY NO. -

17. INFORMANT AND ADDRESS: OTTIS STRONG, Capt AGC

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

812.4 Immediate cause (a) Fracture of Skull and Neck — Interval Between Onset and Death: instant

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Compound Fracture Rt. Leg, fracture left leg fracture left Clavicle — instant

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION none

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY U.S. Route 1 (CITY OR TOWN) near Savage (COUNTY) Howard (STATE) Md.

TIME OF INJURY (Month) 10 (Day) 19 (Year) 52 (Hour) 1 p.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? deceased walked across road was struck by auto

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE George E Bunting (Degree or title) M.D. ADDRESS Ellicott City, Md. DATE SIGNED 10-19-52

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

23. BURIAL, CREMATION REMOVAL (Specify) Removal; DATE THEREOF 20 October 52; NAME OF CEMETERY OR CREMATORY; LOCATION (City, town, or county) (State) Georgia

DATE REC'D BY LOCAL REG. 20 October 1952; REGISTRAR'S SIGNATURE Arthur J Comosh Capt MSC

24. FUNERAL DIRECTOR ADDRESS Louvine Funeral Home, Nashville, Georgia

10-22-52 Frank Shipley

RECEIVED
OCT 22 1952
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 190

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge; LENGTH OF STAY (in this place) 1 mo.; HOSPITAL OR INSTITUTION OR STREET ADDRESS 5715 main St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore City; STREET ADDRESS (If rural, give location) 207 E. North ave. ✓

3. NAME OF DECEASED (Type or Print): (First) Charles (Middle) Arthur Sr. (Last) Dinsmore

4. DATE OF DEATH: (Month) Oct (Day) 17 (Year) 1952

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Oct 20 1888

9. AGE last birthday: 64 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Dairy Products

11. BIRTHPLACE (State or foreign country): Pa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Dinsmore

14. MOTHER'S MAIDEN NAME: Amanda Kelly

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. II

16. SOCIAL SECURITY NO.: 216-18-6212

17. INFORMANT AND ADDRESS: Mrs Virginia Mae [illegible] 10 mo. 27 yrs

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cancer of Lung, Liver and Kidneys — Interval Between Onset and Death: Unknown

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) & General Cancerosis — 6 mos.

(c) Myocardial Degeneration — 1½ 2 wks.

145 X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 19 52, to Oct 17 19 52, that I last saw the deceased alive on Oct 16, 19 52, and that death occurred at 7:16 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[illegible] 5627 Harford Rd. Balto 14, Md. Oct 27 1952

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 10/18/52

NAME OF CEMETERY OR CREMATORY: London Park

LOCATION (City, town, or county) (State): Balto. Md.

DATE REC'D BY LOCAL REG.: 10-20-52

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR ADDRESS: Wm. J. Vickers & Sons Balto 17, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 91

CERTIFICATE OF DEATH

Reg. Dist. No. 194

1 PLACE OF DEATH:
COUNTY Howard — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baytow
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Glenelg.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) Thomas (Last) Iglehart
4. DATE OF DEATH: (Month) October (Day) 22 (Year) 1952

5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Nov 7, 1869
9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR: Months Days; IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11 BIRTHPLACE (State or foreign country): Glenelg Howard Co. Md
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Isaac H. Iglehart
14. MOTHER'S MAIDEN NAME: Josephine Stansfield

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) no
16. SOCIAL SECURITY NO.: None
17. INFORMANT & ADDRESS: Mrs Anna Iglehart - Hyattsville, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

610X

Immediate cause (a) Uremia — 6 mos

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Benign prostatic hypertrophy — 2 years

DUE TO (c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: arteriosclerotic heart disease — 10 yrs

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 10, 1946, to Oct 22, 1952, that I last saw the deceased alive on Oct 22, 1952, and that death occurred at 8:40 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) Charles S. Whitaker, M.D. — ADDRESS Clarksville, Md. — DATE SIGNED 10/22/52

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 10-25-52 — NAME OF CEMETERY OR CREMATORY Mt View — LOCATION (City, town, or county) (State) Howard Co., Md.

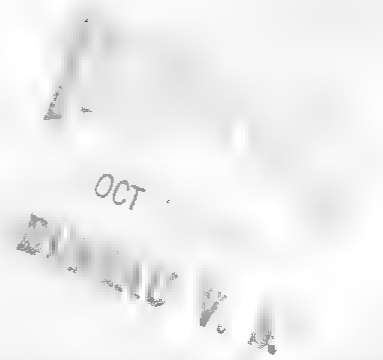
DATE REC'D BY LOCAL REGISTRAR Oct 24, 1952 — REGISTRAR'S SIGNATURE Marie A. Whitaker

24. FUNERAL DIRECTOR Luther H. Haight — ADDRESS Hyattsville, Md.

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING


OCT

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. — MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Howard — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place) 1 month
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pinel Clinic

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Gettysburg
STREET ADDRESS (If rural, give location) Gettysburg

3. NAME OF DECEASED (Type or Print): (First) John (Middle) William (Last) McIlhenny
4. DATE OF DEATH: (Month) Oct. (Day) 1 (Year) 1952

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Widowed	Jan 28, 1875	77 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer	—	Adams County	U.S.

13. FATHER'S NAME: William A. McIlhenny
14. MOTHER'S MAIDEN NAME: Mary Jane Graft.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: William McIlhenny, Gettysburg, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval between Onset and Death
Immediate cause	(a) Myocardial failure	2 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arteriosclerotic cardio vascular disease	1 year
	(c) Generalized arteriosclerosis	

422.2

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Psychosis due to arteriosclerosis — six months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug. 31, 1952, to Oct. 1, 1952, that I last saw the deceased alive on Oct. 1, 1952, and that death occurred at 6:50 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Irving J. Taylor	M.D.	Pinel Clinic, Ellicott City	10/1/52

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Oct 4 1952	Evergreen Cem.	Gettysburg	Pa.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Oct. 1 1952	John A. Loughman Jr. M.D.	J. Wilton Belden	Gettysburg Pa.

B.E.L.

OCT

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Bethany Lane

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural, give location) Bethany Lane

3. NAME OF DECEASED (Type or Print) (First) ELLA (Middle) MAY (Last) NOLL

4. DATE OF DEATH (Month) 10-29-52 (Day) (Year) 19

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH 9-30-1870
9. AGE last birthday 82 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Bolivar, W.Va.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Charles George Bridner
14. MOTHER'S MAIDEN NAME Elizabeth Ashby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY No. None
17. INFORMANT AND ADDRESS Adam Noll, Bristol, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive Cardio Vascular Disease — 3 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1949, to 10-29, 1952, that I last saw the deceased alive on 10-29, 1952, and that death occurred at 2 P. m., from the causes and on the date stated above.

SIGNATURE George E. Busgtorf (Degree or title) D.D. ADDRESS Ellicott City, Md. DATE SIGNED 10-31-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 11-1-52
NAME OF CEMETERY OR CREMATORY St. Johns
LOCATION (City, town, or county) (State) Ellicott City, Md.

DATE REC'D BY LOCAL REG. Oct. 31, 1952
REGISTRAR'S SIGNATURE John B. Loughran Pu. B. E. L.
24. FUNERAL DIRECTOR F.C. Higinbothom, Ellicott City, Md. ADDRESS

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.....

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A45 8-51

1. PLACE OF DEATH:

COUNTY Howard — MARYLAND

CITY (If outside corporate limits, write RURAL OR TOWN and give nearest town): Elkridge — LENGTH OF STAY (in this place):

HOSPITAL OR INSTITUTION OR STREET ADDRESS: Shaffer Convalescent Retreat

2. USUAL RESIDENCE (HOME) OF DECEASED:

STATE Maryland COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore

STREET ADDRESS (If rural, give location): 802 Lynhurst Street

3. NAME OF DECEASED: (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH: (Month) (Day) (Year)
MARY	L.	PYFER	October 13, 1952

5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
female	white	widowed	May 6, 1869	83 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country):	12. CITIZEN OF WHAT COUNTRY?
housewife	own home	Baltimore, Maryland	

13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Jacob H. Miller	Margaret E. Uber

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	16. SOCIAL SECURITY NO.:	17. INFORMANT & ADDRESS:
		Elmer Pyfer, 802 Lyndhurst Street

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

		INTERVAL BETWEEN ONSET AND DEATH
421.1 Immediate cause	(a) Coronary Thrombosis, due to	2 days.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last	DUE TO (b) Hypertensive and arteriosclerotic	
	DUE TO (c) Cardiovascular disease	

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:	19b. MAJOR FINDINGS OF OPERATION:	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?
M.		

22. I hereby certify that I attended the deceased from 25 Sept. 19..5.., to 13 Oct. 19..52.., that I last saw the deceased alive on 13 Oct. 19..52.., and that death occurred at 3:50 P.m., from the causes and on the date stated above.

SIGNATURE (DEGREE OR TITLE) ADDRESS DATE SIGNED

Emil H. Hemmig Jr. 601 Winans Way Balto 29 Md 14 Oct 52

23. BURIAL, CREMATION REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
burial	10/16/52	Loudon Park Cemetery	Baltimore, Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
10/15/52	[signature]	Wm. Cook, Inc.	1217 St. Paul St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Guilford Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY [illegible]
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN [illegible]
STREET ADDRESS (If rural, give location) [illegible]

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Nathaniel (Last) [illegible]
4. DATE OF DEATH (Month) Oct (Day) 7 (Year) 19[illegible]

5. SEX Male
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) [illegible]
8. DATE OF BIRTH [illegible]
9. AGE last birthday yrs. If under 1 year Months 0 Days 1 If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) [illegible]
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) [illegible]
12. CITIZEN OF WHAT COUNTRY? [illegible]

13. FATHER'S NAME [illegible]
14. MOTHER'S MAIDEN NAME [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) [illegible]
16. SOCIAL SECURITY NO. [illegible]
17. INFORMANT AND ADDRESS [illegible]

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

571.0 Immediate cause (a) Acute [illegible] — INTERVAL BETWEEN ONSET AND DEATH 3 [illegible]

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) c̄ Dehydration

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION [illegible]
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

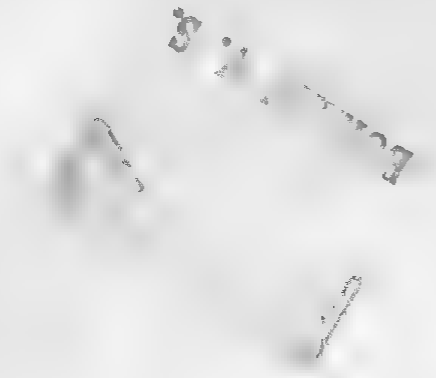
22. I hereby certify that I attended the deceased from Oct, 19[illegible], to [illegible], 19[illegible], that I last saw the deceased alive on Oct 3, 19[illegible], and that death occurred at [illegible] m., from the causes and on the date stated above.

SIGNATURE (Degree or title) [illegible] ADDRESS [illegible] DATE SIGNED [illegible]

23. BURIAL, CREMATION REMOVAL (Specify) BURIAL
DATE THEREOF 10-11-52
NAME OF CEMETERY OR CREMATORY BLACKSTONE
LOCATION (City, town, or county) (State) ELKRIDGE, Md.

DATE REC'D BY LOCAL REG. Oct. 11, 1952
REGISTRAR'S SIGNATURE Miss [illegible]
24. FUNERAL DIRECTOR F.C. HIGINBOTHOM, ELLICOTT CITY Md.
ADDRESS

1952/8/404



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 193

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY Howard — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott Woodstein
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Md. COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott Woodstein
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Ida (Middle) May (Last) Winona Whitley

4. DATE OF DEATH (Month) October (Day) 22 (Year) 1952

5. SEX F. | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH (Month, Day, Year) Sept 19, 1862 | 9. AGE Last Birthday 90 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework | 10b. KIND OF BUSINESS OR INDUSTRY Home | 11. BIRTHPLACE (State or foreign country) Md. | 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Oliver C. Whitley | 14. MOTHER'S MAIDEN NAME Margaret Wheatley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of service) no | 16. SOCIAL SECURITY NO. None | 17. INFORMANT AND ADDRESS Mrs Emma L. Long - Ellicott City Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute hemorrhage from right axillary vein	6 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Fungating carcinoma right axilla	10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. advanced generalized arteriosclerosis 20 yrs

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1948, to Oct 22, 1952, that I last saw the deceased alive on Oct 22, 1952, and that death occurred at 8:20 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Charles S. Whitaker, M.D. Clarksville, Maryland Oct 22, '52

23. BURIAL, CREMATION, REMOVAL (Specify) Interment | DATE THEREOF 10-25-52 | NAME OF CEMETERY OR CREMATORY Mt Olivet | LOCATION (City, town, or county) (State) Howard Co., Md.

DATE REC'D BY LOCAL REG. Oct 24, 1952 | REGISTRAR'S SIGNATURE E. Gail Dorsey | 24. FUNERAL DIRECTOR ADDRESS Tilden & Hewitt - Ellicott City, Md.

Embalmed by A. Tilden

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 190

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Harwood
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS U.S. Route #1

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park
STREET ADDRESS (If rural, give location) 7300 Yale Ave. V

3. NAME OF DECEASED (Type or Print) (First) Alan (Middle) Knowlton (Last) Waite
4. DATE OF DEATH (Month) Oct (Day) 4 (Year) 1952

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 11-24-1917
9. AGE last birthday 34 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Capital Transit Co
10b. KIND OF BUSINESS OR INDUSTRY Schedule Dept
11. BIRTHPLACE (State or foreign country) Washington D.C.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Roy H. Waite
14. MOTHER'S MAIDEN NAME Mary Baker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes
(If yes, give war or dates of service) WW II
16. SOCIAL SECURITY No. 216-09-3243-
17. INFORMANT AND ADDRESS Roy H Waite College Park Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Broken Neck — INTERVAL BETWEEN ONSET AND DEATH: INSTANT

816.4 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: fracture of sternum and 4th to 11th right ribs — INSTANT

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION None
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) U.S. Route #1
(CITY OR TOWN) Harwood (COUNTY) Howard (STATE) Md.
TIME OF INJURY (Month) 10 (Day) 4 (Year) 1952 (Hour) 3:15 Am.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Drove his car into rear end of parked tractor-trailer on U.S. Route 1

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE George E. Burgtorf (Degree or title) M.D. Deputy Medical Examiner - Howard Co.
ADDRESS Ellicott City, Md.
DATE SIGNED 10-4-52

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 10/7/52
NAME OF CEMETERY OR CREMATORY Arlington National
LOCATION (City, town, or county) (State) Arlington, Va.

DATE REC'D BY LOCAL REG. 10/6/52
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gasch's sons Hyattsville Md
ADDRESS

10/14/52 E. Bird Williams

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

OCT 14
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place) 3½ Wks
HOSPITAL OR INSTITUTION OR STREET ADDRESS Pinel Clinic

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Pennsylvania COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mercersburg
STREET ADDRESS (If rural, give location) 252 N. Main St.

3. NAME OF DECEASED (Type or Print) (First) Sarah (Middle) (Last) Walker

4. DATE OF DEATH (Month) Oct. (Day) 21. (Year) 1952

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Feb 23, 1874

9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife

10b. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (State or foreign country) Mercersburg, Pa.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Hayes Mc Cllelland

14. MOTHER'S MAIDEN NAME ? Work

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Lininger Funeral Home Mercersburg, Pa.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Thrombosis

420.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic heart disease

(c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Psychosis with cerebral arteriosclerosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept 18 1952 to Oct, 1952, that I last saw the deceased alive on Oct 21, 1952 and that death occurred at 6 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Irving J. Taylor M.D. Pinel Clinic Ellicott City, Md.

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 10/24/52

NAME OF CEMETERY OR CREMATORY Fairview Cem.

LOCATION (City, town, or county) (State) Mercersburg Penna

DATE REC'D BY LOCAL REG. Oct. 21, 1952

REGISTRAR'S SIGNATURE John B. Lenghan

24. FUNERAL DIRECTOR Easton Sons Ellicott City Md

Per. B. E. L.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1952

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11599

CERTIFICATE OF DEATH

Reg. Dist. No. 193

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY: Howard — STATE: MARYLAND
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Florence — LENGTH OF STAY (in this place): years
   HOSPITAL OR INSTITUTION OR STREET ADDRESS: R.F.D. Woodbine

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Howard
   CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Florence
   STREET ADDRESS (If rural, give location): R.F.D. Woodbine

3. NAME OF DECEASED (Type or Print): (First) Emma (Middle) A. (Last) Warfield

4. DATE OF DEATH: (Month) Oct. (Day) 4 (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 30, 1880

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Watersville, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Washington Driver

14. MOTHER'S MAIDEN NAME: Mary Poole

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY No.: --

17. INFORMANT AND ADDRESS: Mrs Blanche Stanley, Woodbine, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebra Hemorrhage — 3 days

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio - Vascular - Hypertension — 6 yrs

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Previous cerebral hemorrhage Apr. 4, 1952

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 19, 1952, to Oct 4, 1952; that I last saw the deceased alive on Oct 4, 1952, and that death occurred at 2:25 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

J. Stanley Grable M.D Mt Airy, Md Oct 4, 1952

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Oct. 6. 1952	Poplar Springs Meth.	Poplar Springs, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Oct-6-52	E. Pearl Mercier.	Olin L. Molesworth, Damascus, Md.

RECEIVED
OCT 9 1952
BUREAU OF

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

11600

CERTIFICATE OF DEATH

Reg. Dist. No. 195

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessups; HOSPITAL OR INSTITUTION OR STREET ADDRESS Rural; MARYLAND; LENGTH OF STAY (in this place) 15 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessups; STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print): (First) MARGARET (Middle) (Last) WHITE

4. DATE OF DEATH: (Month) Oct. (Day) 4th (Year) 1952

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow

8. DATE OF BIRTH: 1/25/1868

9. AGE last birthday: 84 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Andrew Voit

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Mrs. James Amerault Ellicott City Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Haemmorhage — Interval Between Onset and Death: 24 hrs.

443X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive Cardio-Vas. Disease — 2 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 1st, 1952, to Oct. 4th, 1952, that I last saw the deceased alive on Oct. 4th, 1952, and that death occurred at 10:30 a.m., from the causes and on the date stated above.

SIGNATURE: Frank Shipley (Degree or title) M.D. ADDRESS: Savage, Md. DATE SIGNED: 10/5/52

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 10/7/52

NAME OF CEMETERY OR CREMATORY: Loudon Park

LOCATION (City, town, or county) (State): Baltimore, Md.

DATE REC'D BY LOCAL REG. 10/5/52

REGISTRAR'S SIGNATURE: Frank Shipley

24. FUNERAL DIRECTOR: Easton Sons

ADDRESS: Ellicott City, Md.

RECEIVED
OCT 8 1952
BUREAU V. S.